

CLAIMS ONLY						Application Number 09/864,636		Filing Date					
						Applicant(s)							
2-28-08						* May be used for additional claims or amendments							
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	/								51				
2		/							52				
3		/							53				
4		/							54				
5		/							55				
6		/							56				
7		/							57				
8		/							58				
9		/							59				
10		/							60				
11		/							61				
12		/							62				
13		/							63				
14		/							64				
15		/							65				
16		/							66				
17		/							67				
18		/							68				
19		/							69				
20		/							70				
21		/							71				
22		/							72				
23		/							73				
24		/							74				
25		/							75				
26		/							76				
27		/							77				
28		/							78				
29		/							79				
30		/							80				
31		/							81				
32		/							82				
33		/							83				
34	X								84				
35	X								85				
36	X								86				
37	X								87				
38	X								88				
39	X								89				
40	X								90				
41		/							91				
42		/							92				
43		/							93				
44		/							94				
45		/							95				
46	X								96				
47	X								97				
48	X								98				
49	X								99				
50									100				
Total Indep	/								Total Indep				
Total Depend	38								Total Depend				
Total Claims	39								Total Claims				

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34	X					
35	X					
36		/				
37	X					
38	X					
39	X					
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46	X					
47	X					
48	X					
49		/				
50		/				
Total Indep	/					
Total Depend	38					
Total Claims	39					

* * * * *			* * * * *		* * * * *	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						